## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

г	FOR LINE NUMBER:					PAGE	PAGE 205 OF C				
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

	the name and address of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial)  Miguel Gutierrez	Date of Receipt					
	Mailing Address 224 Lindberg					
City	State Zip Code	Transaction ID : SA11AI.30409				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General						
Other (specify) ▼	1141.52					
Full Name (Last, First, Middle Initial)  3. Miguel Gutierrez		Date of Receipt				
Mailing Address 224 Lindberg	Mailing Address 224 Lindberg					
City	State Zip Code	08 13 2015				
City mcallen	TX 78501	Transaction ID : SA11AI.30759				
	70301	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1391.52					
Full Name (Last, First, Middle Initial)  Miguel Gutierrez		Date of Receipt				
Mailing Address 224 Lindberg		09 30 2015				
City	State Zip Code	Transaction ID : SA11AI.31123				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1641.52					
SUBTOTAL of Receipts This Page (optional	l)	750.00				
ago (optiona	,					
TOTAL This Period (last page this line num	ber only)					